



A CASE STUDY – TO EVALUATE THE EFFECT OF JALOKAVCHARANA IN THE MANAGEMENT OF NODULAR EPISCLERITIS W.S.R SIRAJPIDIKA

Dr. Ankita Tripathi¹, Dr. Manoj Pande²

¹ Assistant Professor, Shalakyatantra Dept, Shree Ayurveda Mahavidyalaya Nagpur, Maharashtra

² Associate Professor, Swasthvirata Dept, Shree Ayurveda Mahavidyalaya Nagpur, Maharashtra

ABSTRACT

Introduction: Episcleritis is an inflammatory condition of the episclera producing local redness and mild soreness or discomfort. Its incidence is less than 1/1000 and most cases are found to be idiopathic. It is classified in to simple and nodular types and most attacks resolve within 1-3 months.¹ The nodular types tends to be more recurrent and painful it present with acute onset of redness, lacrimation and photophobia. Episcleritis mentioned in modern ophthalmology can be understood as *Sirajpidika* in ayurvedic classics. Its management has been mentioned by case report with a female patient age 22yr who visited eye opd with complaints of redness and mild discomfort in left eye since 2-3 days. The case was managed efficaciously by *jalokavacharana*.

Aim: To Study the Role of *Jalokavacharana* in the Management of nodular episcleritis (*sirajpidika*).

Objectives: To study the role of *jalokavacharana* to reducing the sign and symptom of nodular episcleritis with special reference to *sirajpidika*.

Methodology:

1. *Nidanparivarjana*
2. *Ahara-Vihara*
3. *Jalokavacharana procedure*.

Result: The procedure *Jalokavacharana* to reduce the sign and symptom of nodular episcleritis (*sirajpidika*).

Conclusion: Ayurvedic procedure like *Jalokavacharana* can help in nodular episcleritis (*sirajpidika*).

KEYWORDS: Siraj Pidika, Nodular Episcleritis, Jalokavacharana

INTRODUCTION

Episcleritis is an acute inflammation of the episclera that may be unilateral or bilateral. Although it most often is idiopathic. Most of patients have episcleritis triggered by systemic disorder such as rheumatoid arthritis, ulcerative colitis, psoriatic arthritis or systemic lumps erythematous. It typically affects young adults, being twice as common in women as men.² It is classified in to simple and nodular types and most attacks resolve within 1-3 months. The nodular types tends to be more recurrent and painful it present with acute onset of redness, lacrimation and photophobia.³ Episcleritis mentioned in modern ophthalmology can be understood as *sirajpidika* in Ayurvedic classics. According to Acharya Shushruta *Sirajpidika* is *Shuklagata Netra roga*. Its *pradhana dosha* is *Tri-dosha* its *sadhya roga*. *Sirajpidika* is condition in which white nodules covered by blood vessels, are seen in *Shukla mandala* near *Krishna mandala*.⁴

Rupa or sign and symptom of *sirajpidika* (episcleritis)⁴

Shuklasthana sirajpidika: white nodules in *Shukla mandala*,
Asit samipaja: near *Krishnamandala*
Sira avirta: caped by blood vessels.

In our Samhitas there is no direct reference available regarding the symptoms of episcleritis but by studying *Sushrut sahita* the sings, symptoms and aetiology of *Sirajpidika Netraroga* much correlated with nodular episcleritis. According to *Acharya vagbhata Raktamokshana* and the treatment of *Rakatajabhishyanda* useful in *sirajpidika*. So we can use *Raktamokshana* therapy in the treatment of episcleritis.⁵

Case:

- Name of patient- xyz
- Age / sex- 22 yrs. / female
- OPD No-82534
- Place- Nagpur
- Occupation- home maker
- Date of consultation- 23/09/2023

Chief complaints:

- Redness of left eye associated with foreign body sensation since 1 week.
- Pricking pain in right eyes since 1 week.
- She has recurrent episodes, since 6 month and she puts antibiotic and analgesic eye drops but there was no significant relief after using the drops.

Associated complaint is:

- Burning sensation
- Feel itchy and dryness in the left eye.

Past History / family History

Past History:

- No H/o systemic hypertension
- No H/o Diabetes mellitus
- No H/o any major illness or bleeding disorder

Family History: Nothing so specific.

Ophthalmic Examination

Torch light examination:

Engorged episcleral vessels.
Inflamed conjunctiva.
Rest ant segment was normal.

Visual Acuity: Distant
RE 6/6 LE 6/6(p)
IOP RE- 16.6 mmHg
LE- 17.3mmHg

Slit Lamp Examination:

- A red nodule appear in limbal region of the left eye.
- Engorged blood vessels near nodules
- Inflamed conjunctiva.

Diagnosis: *Sirajpidika* (Nodular Episcleritis)

General health examination

BP- 120 /70 mmHg
Pulse- 76/min

Investigation:

- RBS- 98mg/dl
- Urine –Sugar –Nil
- Albumin-Nil
- Hb%- 12.6 gm%
- BT- 02 mins
- CT- 03 mins
- RVD- Negative.

Treatment:

Raktmokshan by *jaloukavacharna* 1 in number at outer cantus of left eye for three times with interval of 1 days

Purvakarma of *jaloukavacharna*

Preparation of the patients:

- Written informed consent was taken for *jaloukavacharna*
- Pulse, BP and IOP was taken before and after procedure.
- Patients (*Rogi*) to be treated with *Jaloukavacharana* should be placed in a comfortable position i.e. supine position and the part should be cleaned.

Shodhana of *jalouka*:

- *Jalouka* should be kept in Curcumin water (water with Haridra powder) for few mints.



Pradhana Karma

Application of *jalouka*:

- *Jalouka* were put at outer canthus of left eye.

Paschata Karma

Vomiting of leech:

Haridra churna was applied at the site of prick to remove *jalouka* after sucking the blood.

Dressing of lesion:

- Pressure was applied at the site of prick
- After applying *Haridra churna* at the bleeding site sticking was applied

- Patient was told to give follow up on next day.
- Same procedure was repeated at 3 day and 5th day.

Preservation of leech: The leech is then returned to fresh water immediately.

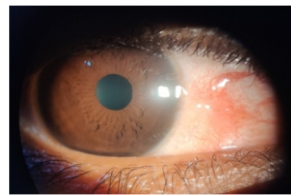
Result:

Sin and symptom	2 nd day follow up	4th day follow up	6 th day follow up
Nodule	moderate	mild	no patch seen
Pricking pain	moderate	mild	No pain
Foreign body sensation	moderate	mild	No fb sensation
Redness	moderate	mild	No redness
Itching	moderate	mild	No redness

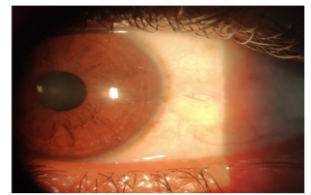
Mild: symptom present once or twice a day

Moderate: more than 4 to 5 times a day

Sever: symptom present continues a day



Before t/t
(1st day)



After t/t
(6th day)

CONCLUSION

In above case study *Jaloukavacharna* showed significant results on treating the most of the cardinal signs and symptoms of *Sirajpidika* (episcleritis). So we claim that *Jaloukavacharna* is clinically effective in the management of *Sirajpidika Netra roga* (episcleritis).

REFERENCES

1. Anju D, Pushpa RP, Ashwini MJ. Ayurvedic management of Episcleritis (Sirajpidika)-A Case Study. J Ayurveda integr Med Sci 2017,1:254257
2. Shankar Uday Textbook of Shalakyatantra, Vol 1, Chowkhamba Vishwa Bharthi, Varanasi, Netrarog, 2012, p395.
3. Shankar Uday, Textbook of Shalakyatantra, Vol 1, Chowkhamba Vishwa Bharthi, Varanasi, Netrarog, 2012, p395.
4. Shankar Uday, Textbook of Shalakyatantra, Vol 1, Chowkhamba Vishwa Bharthi, Varanasi, Netrarog, 2012, p380.
5. Ashtanga Hridaya - Astanga Hridaya Uttar Tantra 11-10, Kaviraj Atridev Gupta, 14th Edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2007.